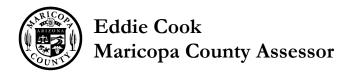


☐ TOTAL	_	LEASE CHECK ONE: WIDOWED	ED VETERAN (based on %)
§42-11111 and the A County Assessor Offi which is the taxable your tax bills or in so exemption amount. property value. The home and/or vehicle	Arizona Constitutice. A tax exemple amount due on me cases eliminal Tax Exemptions exemption amouregistration.	rograms are outlined in the on Article 9 Section 2 and otion reduces the Assessed one's properties up to \$4 te them all together if the stare based on residency and is first applied to real pubmitted on or before a	d administered ed Limited Pro 1,375. This red assessed value 1, income, and property, then	d by the Maricopa operty Value (LPV) duction may lower e is lower than the d assessed limited unsecured mobile
Applicant Name(s): _				·····
Mailing Address:		City:		Zip:
Phone:		_E-Mail:		
Alt Phone or E-Mail: _			f 🗌 Spouse 🛚	Other:
1. Preferred method	of contact: M	lail 🗌 E-Mail, may have	to check your	junk/spam folder.
The total combine	ed Assessed Lim hip. Single owner	Arizona (http://www.mca ited Property Value (LPV) rexemption is applied to 1 6 of LPV.) limit is \$29,	418 for applicant's
Parcel /Account ID	County	Location Address		
3. I confirm I am an	Arizona resident	☐ Yes ☐ No		
		deadline. \square Yes \square N with your application.	lo If, yes sub	mit an Exemption
5. Including you, ho	w many people li	ve in your home?	Over 18	17 and under
		•		_



6.	I am applying for:				
	☐ Widowed Exemption: provide copy of spouse's death certificate.				
	☐ Totally Disabled Exemption, provide AZ Department of Revenue Certificate of Disability (DOR82514B) completed, stamped and signed by a licensed physician. If a stamp cannot be obtained, please see additional list in general instructions under Question 4.				
	☐ Veteran's Disability Exemption, provide letter from Department of Veteran's Affairs showing percentage of disability. Must have had an Honorable Discharge to qualify. A copy of your Military DD214 may be requested by the Assessor's Office to verify qualification.				
7.	I solemnly swear: (Check one)				
	That there are no children under age 18 living with me in my residence and that my income from all sources, together with the income of all sources of all children residing with me in the previous calendar year, did not exceed the statutory limit of: \$36,077.				
	That there are medically or physically disabled children, or children under age 18, living with me in my residence; and that my income from all sources, together with the income from all sources of all children residing with me in the previous calendar year, did not exceed the statutory limit of: \$43,733.				
	Unsure if my household meets the income qualification. If unsure, please submit Federal or AZ Tax Returns for 2022. If you did not file tax returns, please submit SSA-1099 Social Security Statement, Veterans Benefits Award Letter and/or any IRS-1099 forms.				
^k A (ditional documentation may be requested by the Assessor's Office to verify income.				
foi re	der penalty of perjury, I/we hereby certify that all the information contained in this application and supporting documentation are true and correct. I understand that I am required to iew my status annually and notify the Assessor in writing of any event/change (death, marital tus, income, ownership) that may disqualify me from further exemption consideration.				
Pri	t Name (s) Date				
Sig	natures (s) Date				



Please provide copies (not originals) of documentation with your application.

Please black out your social security number and account numbers to protect your identity.

SIGNED: Completed and signed 2023 Personal Exemption Affidavit (Application) per applicant
COPY of: Proof of AZ residency provided for applicant (Driver's license, state ID or voter card)
 COPY of: Exemption specific documentation: Spouse's Death Certificate Certificate of Disability Letter from Department of Veteran's Affair- (Veteran exemption amount is multiplied by the percentage of disability and applied to the percentage of ownership)
COPY of: Income documentation from all sources, if applicable.
COPY of: Exemption Request for Redemption of Waiver if applying after March 1st

Return your completed application with supporting documents to our office (available options):

File Online: Visit the Assessor Website at mcassessor.maricopa.gov; Select "Customer Portal," register and file your Personal Exemption online.

Email: PE.SVP@Maricopa.gov

Mail or Fax: Attn: SVP

Maricopa County Assessor 301 W Jefferson St Phoenix, AZ 85003

OR

at Fax 602-506-7620

In Person: Visit any one of our Assessor's Offices listed below:

Maricopa County Assessor's Downtown Phoenix Office

301 W Jefferson St. 2nd Floor Monday thru Friday 8am - 5pm 602-506-3591

Walk-ins welcome

P.O.R.A (Sun City West) Office 13815 W Camino Del Sol

13815 W Camino Del Sol 623-584-4288

By Appointment Only

Sun City CAN Office 10195 W Coggins Dr.

602-506-5044

By Appointment Only

Please call for alternative solutions for filing if there are additional hardships.



GENERAL INSTRUCTIONS

Question 1. Please list which way you would like to be notified of the outcome of your application or if additional requirements needed. If email is selected, you may have to look in your junk or spam folder for our emails.

Question 2. Please list your Parcel or Account ID number as it is listed on the Assessor's Website at www.mcassessor.maricopa.gov. Please list all properties owned in Arizona along with the County. The exemption amount is first applied to real property, then unsecured mobile home and/or vehicle registration.

Question 3. Applicant must be an Arizona resident. Proof of residency can include Driver's license, state ID card, voter registration card, or an official document such as an SSA-1099 or signed federal tax return.

Question 4. If applying after March 1st please submit an Exemption Request for Redemption of Waiver with your application.

Question 5. Please list all people living in your home. Income from all individuals living in your home are considered under the income qualification.

Question 6. Specific exemption qualifications:

- > Widowed- provide copy of spouse's death certificate.
- ➤ Disabled- Disabled form from the AZ Department of Revenue (DOR82514B) completed, signed, and stamped with doctor's name at the time of filing. If no stamp can be obtained, please provide a doctor's office receipt, note on doctor's office letterhead, or prescription form issued by doctor. A disability letter issued from the Department of Veterans affair in Arizona will also be accepted in lieu of stamp.
- > Veteran- provide disability letter issued from the Department of Veteran's affair.

Question 7. if unsure if you meet the income qualifications and you:

- ➤ Filed Tax Returns submit- First two pages of **ALL** household federal tax return 1040 for last year. You may contact Internal Revenue Service at 1-800-906-9887 for Tax Return Transcripts in lieu of Tax Returns
- Did not file Tax Returns submit, if applicable-
 - Social Security Statement (SSA-1099) you may contact Social Security Administration at 1-800-772-1213. If you are unable to get a statement, you may provide a 1-month bank statement of the Social Security Payment for each year.
 - o All 1099 Forms (Gross Distribution) provided by bank institutions
 - Veteran benefits award statement you may contact Veterans Administration at 1-800-827-1000. If you are unable to get a statement, you may provide a 1-month bank statement of the deposit for each year of the application.